

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

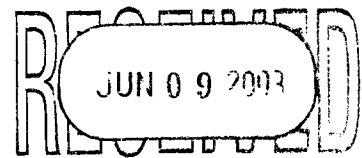
**ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY**



W-02721A  
Carter's Water Company  
1157 East Sunset Drive  
Casa Grande AZ 85222

**ANNUAL REPORT**

ARIZONA CORPORATION  
COMMISSION



Director of Utilities

**FOR YEAR ENDING**

12	31	2002
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*Entered  
6-10-03  
C.M.*

FOR COMMISSION USE

ANN 04	02
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## COMPANY INFORMATION

**Company Name (Business Name)** CARTER WATER COMPANY

**Mailing Address** P.O. BOX 1545

(Street)

COOLIDGE

(City)

ARIZONA

(State)

85228

(Zip)

520-836-5300

520-705-1932

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

**Email Address** agcarone @cgmailbox.com

**Local Office Mailing Address** 1157 E. Sunset Drive

(Street)

Casa Grande

(City)

Arizona

(State)

85222

(Zip)

same as above

Local Office Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

**Email Address** agcarone@cgmailbox.com

## MANAGEMENT INFORMATION

**Management Contact:** Gene D. Carter owner/operator

(Name)

(Title)

3951 N. Wheeler Road

Coolidge, Az.

85228

(Street)

(City)

(State)

(Zip)

520-836-5300

520-705-1932

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

**Email Address** agcarone@cgmailbox.com

**On Site Manager:** Anthony Carter

(Name)

4163 N. Wheeler Road

Coolidge, Arizona 85228

(Street)

(City)

(State)

(Zip)

520-723-5539

-0-

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

**Email Address** -0-

**Statutory Agent:** Gene D. Carter

(Name)

1157 E. Sunset Drive Casa Grande, Az 85222

(Street)

(City)

(State)

(Zip)

520-836-5300

520-705-1932

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

**Attorney:** David Fitzgibbons

(Name)

711 E. Cottonwood Lane

Casa Grande, Arizona

85222

(Street)

(City)

(State)

(Zip)

520-426-3824

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

☒ **Sole Proprietor (S)**

☐ **C Corporation (C) (Other than Association/Co-op)**

☐ **Partnership (P)**

☐ **Subchapter S Corporation (Z)**

☐ **Bankruptcy (B)**

☐ **Association/Co op (A)**

☐ **Receivership (R)**

☐ **Limited Liability Company**

☐ **Other (Describe)** \_\_\_\_\_

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ **APACHE**

☐ **COCHISE**

☐ **COCONINO**

☐ **GILA**

☐ **GRAHAM**

☐ **GREENLEE**

☐ **LA PAZ**

☐ **MARICOPA**

☐ **MOHAVE**

☐ **NAVAJO**

☐ **PIMA**

☒ **PINAL**

☐ **SANTA CRUZ**

☐ **YAVAPAI**

☐ **YUMA**

☐ **STATEWIDE**

**UTILITY PLANT IN SERVICE**

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	3000.00	-0-	3000.00
304	Structures and Improvements	400.00	400.00	-0-
307	Wells and Springs	3000.00	3000.00	-0-
311	Pumping Equipment	4685.00	4685.00	-0-
320	Water Treatment Equipment	50.00	50.00	-0-
330	Distribution Reservoirs and Standpipes	2000.00	2000.00	-0-
331	Transmission and Distribution Mains	1800.00	1800.00	-0-
333	Services	300.00	300.00	-0-
334	Meters and Meter Installations	1066.00	1066.00	-0-
335	Hydrants	-0-		
336	Backflow Prevention Devices	160.00	160.00	-0-
339	Other Plant and Misc. Equipment	21150.00	8550.00	3600.00
340	Office Furniture and Equipment	-0-		
341	Transportation Equipment	200.00	200.00	
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>28811.00</b>	<b>22211.00</b>	<b>6600.00</b>

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

CARTER WATER COMPANY

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	3600.00	16.667	600.00
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>3600.00</b>	<b>16.667</b>	<b>600.00</b>

This amount goes on Comparative Statement of Income and Expense \_\_\_\_\_  
 Acct. No. 403.

<b>COMPANY NAME</b>	<b>CARTER WATER COMPANY</b>
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### **BALANCE SHEET**

<b>Acct. No.</b>	<b>ASSETS</b>	<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$	\$
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 7950.00	\$ 2150.00
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	4993.00	8550.00
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 2957.00	\$ 3600.00
	<b>TOTAL ASSETS</b>	\$ 2957.00	\$ 3600.00

**NOTE:** The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

**COMPANY NAME** CARTER WATER COMPANY

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITIES</b>		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies	N/A	
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	<b>TOTAL CURRENT LIABILITIES</b>	\$	\$
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	N/A	\$
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction	N/A	
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	\$	\$
	<b>TOTAL LIABILITIES</b>	\$	\$
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)	3600.00	3600.00
	<b>TOTAL CAPITAL</b>	\$ 3600.00	\$3600.00
	<b>TOTAL LIABILITIES AND CAPITAL</b>	\$ 3600.00	\$3600.00

## COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue	3000.00	3061.00
474	Other Water Revenues		
	<b>TOTAL REVENUES</b>	\$ 3000.00	\$3061.00
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$	\$
610	Purchased Water		
615	Purchased Power	2400.00	2273.00
618	Chemicals	50.00	50.00
620	Repairs and Maintenance	788.00	256.00
621	Office Supplies and Expense	100.00	118.00
630	Outside Services	546.00	
635	Water Testing		481.00
641	Rents		
650	Transportation Expenses	300.00	250.00
657	Insurance – General Liability		
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		1297.00
403	Depreciation Expense	643.00	600.00
408	Taxes Other Than Income		
408.11	Property Taxes	673.00	690.00
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	\$ 5600.00	\$ 6015.00
	<b>OPERATING INCOME/(LOSS)</b>	\$( 2600.00)	\$ ( 2954.00)
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	\$ ( 2600.00)	\$ ( 2954.00)
	<b>NET INCOME/(LOSS)</b>	\$	\$



COMPANY NAME

CARTER WATER COMPANY

**SUPPLEMENTAL FINANCIAL DATA****Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate				
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$ - 0 -

Meter Deposits Refunded During the Test Year

\$ - 0 -

COMPANY NAME

CARTER WATER COMPANY

**WATER COMPANY PLANT DESCRIPTION****WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (Gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
C55638440	1	30gpm	225	6"	1"	? 1952

- Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
NONE		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
3	1	40gpm	-0-

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
1500 gal	1	3500	1

COMPANY NAME

CARTER WATER COMPANY

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)****MAINS**

Size (in inches)	Material	Length (in feet)
2	PVC	1500
3		
4		
5		
6		
8		
10		
12		

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	16
3/4	
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category.

**TREATMENT EQUIPMENT:**

Intake equipment to administer Chlorine. Covered with a screen.

**STRUCTURES:**

I own all the structures and pipeline in the system.

**OTHER:**

COMPANY NAME: CARTER WATER COMPANY

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2002**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD	GALLON PUMPED (Thousands)
JANUARY	16	all	4,968,810
FEBRUARY	16		
MARCH	16		
APRIL	16		
MAY	16		
JUNE	16		
JULY	16		
AUGUST	16		
SEPTEMBER	16		
OCTOBER	16		
NOVEMBER	16	✓	✓
DECEMBER	16		
TOTAL		N/A	

Is the Water Utility located in an ADWR Active Management Area (AMA)?

(x) Yes ( ) No

Does the Company have An ADWR Gallons Per Capita Per Day (GPCPD) requirement?

( ) Yes (x) No

If yes, provide the GPCPD amount: \_\_\_\_\_

What is the level of arsenic for each well on your system. BAA\* \_\_\_\_\_ mg/l

(If more than one well, please list each separately)

\*below allowed amount

*Note: If you are filing for more than one system, please provide separate data sheets for each system.*

COMPANY NAME CARTER WATER COMPANY

YEAR ENDING 12/31/2002

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2002 was: \$ 690.00

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. I am planning to pay this taxes  
June 13, 2003, when I get my next teachers check.  
As you know, I do not get enough money from  
the system to pay all the bills. Also my income  
is impacted by my wife and my health problems.  
As soon as I get the taxes paid, I'll send  
you a copy. Carter

COMPANY NAME CARTER WATER COMPANY

YEAR ENDING 12/31/2002

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported	<u>NONE</u>
Estimated or Actual Federal Tax Liability	<u>NONE</u>

State Taxable Income Reported	<u>NONE</u>
Estimated or Actual State Tax Liability	<u>NONE</u>

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	<u>NONE</u>
Amount of Gross-Up Tax Collected	<u>NONE</u>
Total Grossed-Up Contributions/Advances	<u>NONE</u>

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

**CERTIFICATION**

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Gene D Carter

SIGNATURE

6-6-03

DATE

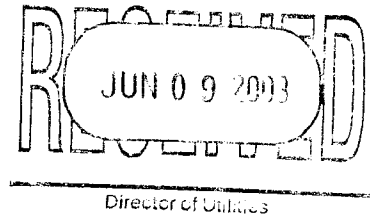
Gene D. Carter

PRINTED NAME

owner/operator

TITLE

# VERIFICATION AND SWORN STATEMENT Intrastate Revenues Only



## VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)
<u>Pinal</u>
NAME (OWNER OR OFFICIAL) TITLE
<u>Gene D. Carter</u>
COMPANY NAME
<u>Carter Water Company</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2002</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

## SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2002 WAS:

Arizona IntraState Gross Operating Revenues Only (\$)

\$ (2954.00)

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ -0-  
IN SALES TAXES BILLED, OR COLLECTED

\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 6/6/03 DAY OF

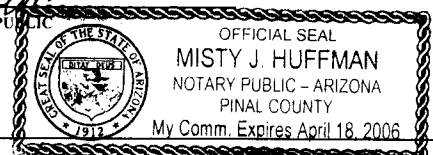
(SEAL)

MY COMMISSION EXPIRES 4/18/06

Gene D. Carter  
SIGNATURE OF OWNER OR OFFICIAL  
520-836-5300  
TELEPHONE NUMBER

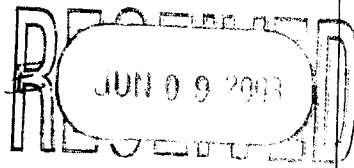
COUNTY NAME	<u>Pinal</u>
MONTH	<u>6</u> <u>2003</u>

Misty J. Huffman  
SIGNATURE OF NOTARY PUBLIC



**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY**

ARIZONA CORPORATION  
COMMISSION



**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

(COUNTY NAME)		
NAME (OWNER OR OFFICIAL)	N/A	TITLE
COMPANY NAME		

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2002

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

**IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2002 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ _____

(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ \_\_\_\_\_  
IN SALES TAXES BILLED, OR COLLECTED

**\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.**

\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

**THIS**

--

**DAY OF**

NOTARY PUBLIC NAME	
COUNTY NAME	
MONTH	. 20

**(SEAL)**

**MY COMMISSION EXPIRES**

X \_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC